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PTO/SB/08A (04-03)

Substitute for form 1449/PTO	Co	Complete if Known		
	Application Number	T		
INFORMATION DISCLOSURE	Filing Date	Herewith		
	First Named Inventor	Robert Kasten		
STATEMENT BY APPLICANT	Art Unit			
(Use as many sheets as necessary)	Examiner Name			
Sheet 1 of 1	Attorney Docket Number	Kasten 032690.02		

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f brown)}	Publication Date MM-DD-YYYY	Name of Patentes or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Pessages or Relevant Figures Appear
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Country Cor	Country Code ³ "Number ⁴ "Kind Code ³ (# known)	MM-DD-YYYY		Or Relevant Figures Appear	T	
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